## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

NAKI-BO-3

											<u></u>	
•		CLAIMS AS	S FILED - PART I (Column 1) (Column 1)			mn 2)	SMALL ENTITY TYPE TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			37		۰			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	37min	us 20=	* 17			X\$ 9=		OR	X\$18=	206
IND	EPENDENT CL	AIMS	minus 3 = *					X40=		OR	X80=	Rh
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	ESENT				+135=		OR	+270=	- 00
* If the difference in column 1 is less than zero, enter "0" in column 2						Į	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										)	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMALL ENTITY				YTITME
		CLAIMS		HIGH	IEST		] [	1	ADDI-	]		ADDI-
AMENDMENT A	0	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus :	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F 01 ****	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL		OD.	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	<u> </u>
		(Column 1) (Column 2) (Column 3)										
8	The state of the s	CLAIMS REMAINING			IBER	PRESENT			ADDI-			ADDI-
AMENDMENT B		AFTER AMENDMENT		PREVI PAID	OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		51	ADDIT. FEE l		-							
AMENDMENT C		CLAIMS REMAINING		HIGH NUM	EST	DDECENT			ADDI-			ADDI-
		AFTER AMENDMENT		PREVI	OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	<u> </u>	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		imber Previously F nber Previously Pa					ar foi	ind in the ant	oropriate ho	x in co	dumn 1	